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Testimony to Senate Finance Committee on Coordinated Behavioral Health Services & Expenditures

To improve the effectiveness, coordination, and outcomes of children's mental health services, policymakers should: 1) focus on student mental health, including through on-campus services; 2) build on successful coordination efforts, such as CRCGs, the YES Waiver, and Texas System of Care; and 3) coordinate with programs across state agencies, such as truancy and child abuse prevention.

BACKGROUND

More than half of all chronic mental illnesses have their onset in childhood.

One half of all chronic mental illness begins by age 14; 75 percent by age 24.[1] That means we can make real progress tackling mental health if we focus on youth in this age group. Years often pass between when symptoms first emerge and when the young person first gets treatment.[2] Many factors contribute to this delay, including mislabeling symptoms as misbehavior or delinquency and a lack of access to effective services. A continuum of effective community based services is needed to MITIGATE risk of mental illness in children, and IDENTIFY and INTERVENE early when concerns are present. Schools have an important role to play in identifying and responding at early onset of mental illness. **It's not just about keeping kids mentally well – it also helps students be successful learners.**

RECOMMENDATION 1:

Assist schools in implementing effective strategies that address students' mental health.

Schools have a vested interest in helping their students be mentally well. It's tough to get students to focus on algebra when they are struggling with depression or trauma. Students with mental illness are at higher risk of missing school, struggling academically, and being disciplined for behaviors that may stem from their disorder.[3] The state does not have a coordinated approach to guide its policies or to disseminate effective practices to the thousands of schools in the state.

Policy Step:

- **Leverage resources within the Texas Education Agency (TEA), the Department of State Health Services (DSHS), the Health and Human Services Commission (HHSC), and institutes of higher education** to identify and promote the voluntary adoption by schools of policies and practices shown to help students with mental health concerns be successful in school, including:
    - Partnering with community-based organizations to provide school-based mental health services
    - Leveraging Medicaid to provide services in the school setting.
    - Evidence-based approaches like school-wide positive behavioral interventions and supports (PBIS) and social and emotional learning (SEL).

RECOMMENDATION 2:

Continue – and build on – progress made in improving services to children with mental illness.

The state has made commendable progress in recent years with several efforts aimed at improving the coordinated delivery of effective services to children with serious mental health concerns and their families. Let's sustain, and strengthen established efforts which are on the right path.

Policy Steps:

- **Continue state support for community-based wraparound treatment planning, including training and technical assistance to ensure the practice is being implemented effectively.** Through the statewide expansion of the YES Medicaid waiver, local mental health authorities are being trained to provide evidence-based wraparound service planning, which has been shown to reduce costly hospital and residential care, improve youth functioning, reduce emotional and behavioral problems. Without on-going training and support, communities will be unable to provide the quality of service delivery that brings about the child-level and cost-savings being sought.
- **Provide reimbursement rates that attract and retain YES Waiver service providers.** HHSC should continue to monitor and evaluate if the YES Medicaid waiver reimbursement structure is adequate to attract and retain quality providers of community-based services and supports. These providers enable children with serious emotional disturbances to remain in their homes with their families, instead of having them be placed in costlier and often less appropriate out-of-home settings.
- **Dedicate additional FTEs within HHSC to support the work of local Community Resource and Coordination Groups (CRCGs).** Additional FTEs would enable the state to update the CRCG model, strategically link CRCG resources to other programs/systems serving children and youth with mental

illness, provide communities with additional training and technical assistance, and improve community-level data collection that can assist in identifying critical needs and trends.

- **Sustain the state's *Texas System of Care* and *Texas Children Recovering from Trauma* initiatives once their respective grant periods end.** Do not allow the good work that has been accomplished through the efforts of a multitude of family, community, and state experts to be shelved and have state agencies lapse back into "business as usual." Doing so would cause Texas to lose the gains, momentum, and investments that have been achieved. A strategic plan to improve community-based, cross-systems service delivery to children with mental illness has been developed as part of the Texas System of Care initiative, and efforts are underway to provide trauma-informed services and treatments within the state's community mental health system. HHSC must not pull back from these efforts once the state has fulfilled its grant requirements. In fact, it should begin to develop plans on how it will sustain and advance them across systems.

RECOMMENDATION 3:

Capitalize on the prevention and early intervention efforts across state agencies and systems that reduce risk factors for mental illness in children.

Truancy, school drop out, delinquency, teen pregnancy, child abuse and neglect, domestic violence, and substance abuse have risk and protective factors that are also linked to mental health concerns in children and youth. Outcomes related to children's mental health will improve if Texas sustains and strengthens prevention and early intervention programs across systems.

Policy Steps:

- **Increase investments in effective programs that strengthen families and prevent negative social outcomes that are associated with mental illness,** including home visiting programs, Communities in Schools, Services to At-Risk Youth (STAR), substance abuse and suicide prevention programming. These services build up children's resiliency while diverting them from more costly services and supports in the short and long term.
- **Identify and track mental health-related outcomes for children across state funded prevention and early intervention efforts.** Identify new and utilize existing data collection opportunities and standardize across systems and programs; adopt uniform definitions for the measurement of common indicators, such as recidivism rates and readmission rates.

- **Increase coordination and collaboration between similarly aligned prevention and early intervention programs administered across agencies,** including HHSC, TEA, the Department of Family and Protective Services (DFPS), and the Texas Juvenile Justice Department (TJJD). In 2015, the Legislature directed DFPS, TJJD, TEA and the Texas Military Department to coordinate the delivery of juvenile delinquency prevention and dropout prevention and intervention services and to report to the Legislative Budget Board detailed monitoring, tracking, utilization, outcome, and effectiveness information on all juvenile delinquency prevention and dropout prevention and intervention services for the preceding five fiscal year period (2016-2017 Appropriations Act, Sec. 17.07 of Article IX). An interagency workgroup representing these agencies meet regularly. A report for 2015 is available.[4] The Legislature also directed DFPS to develop a a five-year strategic plan for prevention and early intervention programs within the agency's purview (Texas Family Code Sec. 265.005); this plan is to be released in September 2016. Each of these efforts should be used as starting points to strategically align prevention programs administered by other state agencies targeting common risk and protective factors.

Thank you for your time and commitment. If you have any questions, please feel free to contact me at 512.473.2274.

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[1] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593–602.
[2] Ibid.
[3] Studies cited in Stagmann S, and J. Cooper. (2010) *Children's Mental Health: What Every Policymaker Should Know.* National Center for Children in Poverty. http://www.nccp.org/publications/pub_929.html
[4] http://www.tjjd.texas.gov/services/prevention/docs/Report_Interagency_Coordination_Youth_Prevention_Intervention_Services.pdf